

VVFC Vaccine Order Form

Contact	PIN
Facility	Date
Address	
Phone	Fax
Email	
Shipping	
Instructions	Please circle any new information in order for us to update your records.

Orders are accepted Monday - Thursday 8:30 a.m. to 4:00 p.m. by phone, fax, email, or mail. All orders must be received by 4:00 p.m. on Thursday to be delivered the following week.

Orders received after 4:00 p.m. Thursday will be shipped and delivered in two weeks.

Please note: Manufacturer selections are based on federal contracts and vaccine availability. While every effort will be made to honor your preferences, substitutions may need to be made.

VVFC vaccine orders should be submitted quarterly, unless otherwise authorized.

CPT Code	Vaccine		Unit Shipping Size	Total Doses	CPT Code	Vaccine		Unit Shipping Size	Total Doses		
90700	DTaP	DAPTACEL (Aventis)	10 x 1 dose vial		90744	Hepatitis B Pediatric/Adolescent 3 Dose Series	Engerix B (GlaxoSmithKline)	10 x 1 dose vial			
		Tripedia (Aventis)	10 x 1 dose vial				Recombivax (Merck)	10 x 1 dose vial			
		Infanrix (GlaxoSmithKline)	10 x 1 dose vial		90748	Hep B-Hib	Comvax (Merck)	10 x 1 dose vial			
90723	DTaP/Hep B/IPV	Pediarix (GlaxoSmithKline)	10 x 1 dose vial		90648	Hib	ActHib (Aventis)	5 x I dose vial			
90721	DTaP/Hib *4th dose only	TriHibit (Aventis)	5 x I dose vial		90647		PedvaxHib (Merck)	10 x 1 dose vial			
90713	e-IPV	lpol (Aventis)	10 dose vial		90707	MMR	MMR II (Merck)	10 x 1 dose vial			
90633	Hepatitis A *High risk pediatric use only	Havrix (GlaxoSmithKline)	l dose vial		90669	Pneumococcal Conjugate	Prevnar (Wyeth/Lederle)	5 x I dose vial			
		Vaqta (Merck)	10 x 1 dose vial		90718	Td Adolescent	(Aventis)	10 dose vial			
90743	Hepatitis B-2 Adolescent II-15 years 2 Dose Series	Recombivax 2 Dose Series (Merck)	10 x 1 dose vial		90716	Varicella Shipped Separately	Varivax (Merck)	10 x 1 dose vial			
	Special order vaccines available with approval: Pediatric DT (10 dose vial) and Pneumococcal Polysaccharide (5 dose vial).										

Special order vaccines available with approval: Pediatric DT (10 dose vial) and Pheumococcal Polysaccharide (5 dose vial).

Virginia Vaccines For Children Program
Division of Immunization, P.O. Box 2448
109 Governor Street, Room 314 West
Richmond, Virginia 23218
Phone (877) 781-VVFC (8832) or (804) 864-8055
Fax (804) 864-8090 or E-Mail: VVFC@vdh.virginia.gov

